

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/851791</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">05/09/01</div>					
							APPLICANT(S)						
<div style="font-size: 1.5em; font-family: cursive; margin-bottom: 5px;">Prohibit B</div> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	24	↓	26	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	↓	20	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	41		46				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV 3-78)

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